

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/567386	FILING DATE					
CLAIMS							APPLICANT(S)						
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2	/		/		/		52						
3	/		/		/		53						
4	/		/		/		54						
5	/		/		/		55						
6	/		/		/		56						
7	/		/		/		57						
8	/		/		/		58						
9	/		/		/		59						
10	/		/		/		60						
11	/		/		/		61						
12	/		/		/		62						
13	/		/		/		63						
14	/		/		/		64						
15	/		/		/		65						
16	/		/		/		66						
17	/		/		/		67						
18	/		/		/		68						
19	/		/		/		69						
20	/		/		/		70						
21	/		/		/		71						
22	/		/		/		72						
23	/		/		/		73						
24	/		/		/		74						
25	/		/		/		75						
26	/		/		/		76						
27	/		/		/		77						
28	/		/		/		78						
29	/		/		/		79						
30	/		/		/		80						
31	/		/		/		81						
32	/		/		/		82						
33	/		/		/		83						
34	/		/		/		84						
35	/		/		/		85						
36	/		/		/		86						
37	/		/		/		87						
38	/		/		/		88						
39	/		/		/		89						
40	/		/		/		90						
41	/		/		/		91						
42	/		/		/		92						
43	/		/		/		93						
44	/		/		/		94						
45	/		/		/		95						
46	/		/		/		96						
47	/		/		/		97						
48	/		/		/		98						
49	/		/		/		99						
50	/		/		/		100						
TOTAL IND.	17	↓	15	↓	1	↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	39	←	8	←	19	←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	76		23		20		TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

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